

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/232,119	FILING DATE							
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	10		18				TOTAL DEP.								
TOTAL CLAIMS	18		20				TOTAL CLAIMS								